



2001

010012700

MAINE CORPORATE SHORT FORM
INCOME TAX RETURN

FORM 1120A-ME

For Calendar 2001 or Tax Year Beginning in 2001

Federal Employer ID Number

For Tax Period 01 TO MM DD YY

Name

Check box if federal Form 990T filed

Address

Federal Business Code

State of
Incorporation

City, Town, or Post Office

State

ZIP Code

Contact Person First Name

Last Name

Phone Number

CHECK APPLICABLE BOXES: (1) Initial return (2) Final return (3) Change of name/address TO AMEND, FILE FORM 1120X-ME

Note: Line numbers for this form correspond to the same line numbers on Form 1120ME (see specific instructions)

1.	FEDERAL TAXABLE INCOME (federal Form 1120, line 30 or Form 1120-A, line 26)	1	.00
2h.	STATE INCOME TAX REFUNDS included in line 1 above	MINUS 2h	.00
4a.	INCOME TAXES IMPOSED BY MAINE	PLUS 4a	.00
6.	MAINE NET INCOME. If negative, enter a minus sign in the box to the left of the number	= 6	.00
7a.	MAINE CORPORATE INCOME TAX	7a	.00
8.	Enter the amount of any ESTIMATED TAX PAYMENTS and EXTENSION PAYMENTS	MINUS 8	.00
9b.	Enter PENALTY FOR UNDERPAYMENT of estimated tax	PLUS 9b	.00
9c.	TAX DUE (If line 7a minus line 8 plus line 9b is positive, enter that amount here)	= 9c	.00
10.	Amount of OVERPAYMENT (If line 7a minus line 8 plus line 9b is negative, enter that amount here)	= 10	.00
11a.	Amount of OVERPAYMENT TO BE CREDITED to next year's liability	11a	.00
11b.	Amount of OVERPAYMENT TO BE REFUNDED	11b	.00

TO USE THE SHORT FORM 1120A-ME, YOU MUST MEET ALL OF THE FOLLOWING

- 100% of business activity conducted in Maine (no apportionment of income).
- The only adjustment to income is Maine income taxes.
- Corporation is not a member of an affiliated group filing a separate return.
- Corporation does not file a combined return.
- Corporation claims no tax credits other than extension payments or estimated payments (no real estate withholding payments).
- Corporation is not required to pay Maine Alternative Minimum Tax.

PRESIDENT'S NAME SOCIAL SECURITY NUMBER

TREASURER'S NAME SOCIAL SECURITY NUMBER

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

DATE OFFICER'S SIGNATURE TITLE

File return with:
Maine Revenue Services
P.O. Box 1062
Augusta, ME 04302-1062

DATE SIGNATURE AND ADDRESS OF PREPARER (INDIVIDUAL OR FIRM)

THIS RETURN MUST BE ACCOMPANIED BY A LEGIBLE COPY OF THE U.S. CORPORATION INCOME TAX RETURN FEDERAL FORM 1120, PAGES 1-4 OR 1120-A, PAGES 1 & 2 FOR THE SAME TAXABLE PERIOD.

Office Use Only

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DO NOT STAPLE OR TAPE FORMS TO YOUR RETURN. DO NOT SEND PHOTOCOPIES OF RETURNS.